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and
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Rodgers
Title	Cheating System . . .
Art Unit	
Examiner Name	
Attorney Docket Number	04-0558

I hereby appoint:

 Practitioners associated with the Customer Number:

24319

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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 The address associated with Customer Number:

Customer Number	24319
Address	Arthur G. Rodgers
Address	1000 1/2 N. Glebe Rd., Suite 1000
City	Alexandria
State	VA
Country	USA
Telephone	(703) 218-1230
Fax	(703) 218-1230

OR

Firm or Individual Name	
Address	
Address	
City	
State	
Country	
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Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Arthur G. Rodgers
Signature	<i>Arthur G. Rodgers</i>
Date	8-2-08
Telephone	(703) 218-1230

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	FAX	

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Mark A. Buchanan
Signature	<i>Mark A. Buchanan</i>
Date	July 22, 2004
Telephone 970-205-5942	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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